

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIV.]

WEDNESDAY, APRIL 13, 1836.

[NO. 10.

PARRISH'S SURGICAL OBSERVATIONS.*

To the Editor of the Boston Medical and Surgical Journal.

On the announcement of a work having for its object the elucidation and treatment of some of the most important and interesting diseases in the whole department of surgery, and resulting from the observation and experience of an author long known to the American profession as an extensive practitioner, our expectations were raised, and anticipations were indulged that the profession was about to be favored with a work creditable alike to the literature of the day and adequate to the advanced stage of surgical science. How far we have enjoyed the fruition of these reasonable expectations, will appear in the sequel. We repeat, that the subjects here treated of, are of the utmost importance to mankind in general, inasmuch as one of them always suddenly involves the life or death of the afflicted; and on the prompt and judicious treatment of the other, depend the present safety and future comfort of the patient; and truly pitiable is the case of the sufferer who falls into the hands of ignorance or inexperience.

For this reason, independently of other considerations, the work before us calls for the candid consideration of the medical public, and such a review of it is demanded as will deal equal justice to the public and to the writer, who here offers the result of thirty years' experience, the work appearing intended not only as a guide to students, but proffering instruction for the practitioner of surgery. The author himself calls for criticism—"So far from shrinking from criticism in the spirit of candor and kindness, it is rather invited, desiring to have my errors corrected, &c." This would display a commendable spirit, did he not previously state that he offers no apology for the numerous imperfections of the work, which he does not believe to exist. "In putting forth this book, the writer could not gain his own consent to send it out with abundance of apologies for its numerous imperfections, while at the same time he did not believe such to be the fact."

Some of his readers may nevertheless find it necessary to differ with him in opinion—we ourselves have been met in its perusal by such "vices" as might well "despair," were they "not cherished by its virtues;" but *virtue*, in this instance, should, like charity, "cover a multitude of evil," and we incline to the opinion that it really does so.

* Practical Observations on Strangulated Hernia, and some of the Diseases of the Urinary Organs. By JOSEPH PARRISH, M.D. pp. 350, with plates. Philadelphia: Key & Biddle. 1836.

Not being a professed critic, we shall not follow the example of reviewers, who are in the habit of prefacing their observations with the flattering unction of unmerited praise, in order to heal the wounds which it is their predetermined purpose to inflict on their victim ;—“we are not weaving a silken cord wherewith to hang a sprig of nobility.”

In offering to the public, through your Journal, such observations as we have made in the careful perusal of the work, we only accept the author’s invitation, at least so far as “candor” and *truth* are implicated. “*Kindness*” is not generally considered requisite on such occasions, unless the author and reviewer happen to be reciprocally objects of favoritism, which certainly can never result in any advantage to science.

On first opening “the book,” the reader is surprised at the appearance and import of a very remarkable letter addressed to that high priest of American surgery, who for nearly half a century has so faithfully, so nobly, and so usefully officiated in the temple of science sacred to the second best gift of God to man. The invaluable stores of knowledge accumulated by Dr. Physick, in his long and successful professional career, must be incalculable, both in quantity and quality; but where are the archives in which he has registered his experience? Can it be possible that the profession is to be deprived at his death of an accumulated mass of information so important to the welfare of his species? Can any one of our professional brethren in Philadelphia inform us how much longer is to be deferred the publication of his memoirs?—an obligation equally imperative, as an act of justice to his own reputation, and to that profession whose usefulness his labors have so much extended.

But to return to the *letter*! From the *position* which it occupies in the volume, it is reasonable to presume that it was intended for a dedication; but it certainly would not be so considered, had it occurred in any other part of the book. But this blunder is trifling when compared with those numerous inelegancies and grammatical monstrosities which occur in that most curious piece of composition, miscalled a “preface,” which is a strange compound of vanity on the one hand, and seeming humility on the other; at one time deprecating, and again challenging criticism. His reiterated allusion to “*the book*” is quite irksome, and reminds one of the fable of the mountain in labor.

“I have undertaken the task of writing a book,” p. 5. “Oh! that mine enemy had written a book,” *Ibid.* “With an earnest desire to be preserved from doing harm, even if no good is accomplished, *I commence the book*,” p. 6. Again, “*the book of nature*, whose leaves have been unfolded, during many a midnight hour, at the bed-side of the patient as well as the dissecting room,” p. 6. “I thus appear before the public as the *writer of a book*,” p. 9.

At the very outset of this preface, reference is made to “*a common stock of reciprocity*.” At page 7, we are favored with an edict in form of a Papal bull, viz.—“Know all men of the medical profession, that the *author of this book* will immediately renounce all claims to new ideas and discoveries as soon as the same may be made to appear.” Which means to say, that whilst he reserves the right of announcing his opinions as original, and assumes the privilege of making discoveries, leaving to

others of more extensive information and reading to detect the error, he will modestly yield an honor which he is no longer able to hold. We can perceive in all this nothing more than an apology for a lamentable deficiency which forms a conspicuous feature in almost every page of the work, viz.—his utter inability to keep pace with the discoveries in a progressive science, detailed in numerous medical works, a deficiency reasonable enough in one whose whole time is occupied in the routine of practice.

At page 8 we have a curious piece of professional information, in allusion to his opportunities for gaining practical experience in the Yellow Fever Hospital. "In this situation, ample opportunity was afforded of observing this *disease during life*, and of pursuing *dissections after death*." We are aware that some curious physiologists have amused themselves in dissecting *living* animals, but it could hardly be necessary to state that *disease* was observed during life! After this the author indulges himself in a small specimen of autobiography, in which the public are duly informed that he practises in a city wherein he was born, and "where some of my ancestors, in the days of Penn, lived in a cave on the western bank of the Delaware, enjoying liberty of conscience," from which we might infer some infringement on his own. It is only going somewhat farther back to say that we all derive our origin from ancestors claiming the title of real *Homo troglodytes*.

In the conclusion of this "preface" we are assured that "should this work meet a favorable reception, perhaps it may prove the prelude to a series of medical and surgical observations, to appear in due course." If by "favorable reception" he means an extensive sale, and liberal proceeds from the work, it is to be feared the public will not soon reap the further advantage of his publications—but on the other hand if he is really serious, in the assurance which he gives us in another portion of the work, viz. "My object in the present publication is the diffusion of medical information, in the hope that it may prove useful to others," p. 327—in this case, we say, a distinct pledge is given that other practical observations will be forthcoming "in due course."

So much for the "preface." It may perhaps be said that some of these "idiosyncrasies" in writing, to which we have directed the attention of your readers, are not of much importance. Be it so—but to others, again, this remark cannot apply; such style in writing is not only painful to a refined reader, but is absolutely injurious when presented to a student who has yet his own style to form, and it would be difficult to afford him a specimen of writing the manner of which is more scrupulously to be abjured. To the "writer of a book," it is of the first importance to be able to communicate his ideas in correct language at least, and free from grammatical errors; and if in refined and elegant language, so much the better for the author and his reader. Next in importance to the possession of knowledge in a public writer, is the faculty of communicating it agreeably and correctly. It is not sufficient alone to possess information, inasmuch as it may be communicated in language calculated to disgust the reader, and by heedlessness he may further occa-

sion erroneous conceptions, and impress his learned readers with an idea very unfavorable to his real acquirements and talents.

But to proceed to the more practical details of the work before us. Chapter 1st treats of the "Difficulties in the diagnostics of Hernia," ranged under the three following sections, viz. Sect. 1st—"Hernia mistaken for Colic." Sect. 2d, "Deceptive Symptoms." Sect. 3d—"Diseases resembling Hernia." Inasmuch as Sections 1st and 3d are necessarily included in Section 2d, the former are altogether useless. This chapter occupies twenty-two pages, in which, as nothing new or out of the common course is detailed, we pass to Chapter 2d—"Treatment of Hernia." Sect. 1st—"On the means of Reduction employed before the Operation." With most surgeons of experience, Dr. P. condemns the long-continued and coercive efforts of the "Taxis." More harm than good is certainly likely to result from the application of mechanical force to the protruded bowel, already disposed to inflammation, and particularly so if the case be in the hands of a practitioner not thoroughly acquainted with anatomy. At p. 25 we are presented with a proposition inimical alike to theory and to practice. "Warm fomentations to the tumor have been proposed by some surgeons: these, however, by causing increased activity and fulness of circulation, rather tend to aggravate than to relieve the symptoms." This is entirely a mistaken conception; witness the relief obtained, in ophthalmia, in hernia humoralis, &c. by such applications; the very reverse of fulness and activity is the result of warm fomentations in any case of inflammation. The practice of the "black cow-doctor," so emphatically commended by Dr. P. in a subsequent part of his work, appears to us far more philosophical.

In the section treating of the operation in Hernia, p. 28, we meet with an assertion which appears to us quite too general. "I give opium *to prevent fever*, and believe the practice not only to be successful, but rational. The calming influence generally produced by this article, tends to lessen the pain of surgical operations, and the shock which they occasion; and hence it assists in mitigating one of the great sources of subsequent reaction and fever." We are by no means satisfied either with this universal practice, or the rationale on which it is attempted to establish it. To assert that there are no cases of this nature in which opium would prove injurious, is empiricism.

In the 3rd section of this chapter we have the details of a case of reduced strangulated hernia, in which the stricture was occasioned by the neck of the sac, and in which the symptoms of strangulation of course continued after reduction. The only measures at all calculated to produce relief in such a case were neglected, and the patient died of mortification of the intestines. This case, we are informed, originally occurred in the practice of Dr. J. P. Nancrede and Dr. Povall, by whom Dr. Parrish had been called in consultation. But what shall we say of the administration, in this case of active peritoneal inflammation, of gamboge and calomel, together with an ounce of crude quicksilver! Such a malpractice cannot be too severely reprehended. Very different indeed was the bold and intelligent practice recommended and successfully pursued in similar cases, in the Hotel Dieu, by Baron Dupuytren—a knowledge

of whose important discoveries in surgery may be considered as imperative in a teacher of the art. In common with the best authorities of the present day, Dr. P. very justly recommends, in the operation for strangulated hernia, the opening of the hernial sac in every instance previous to the reduction of the intestine; but in his attempt to demonstrate that the peritoneal cavity "may be opened with less risk to the life of the patient than is generally supposed," he is peculiarly unfortunate in taking for example the operation of tapping in ascites; as dropical infusions of the abdomen of long standing are well known to be attended with an indisposition to inflammatory action—hence there can be no parity of reasoning in the two cases.

In treating of the "difficulties of opening the hernial sac," in Section 4th, our author dwells upon the confusion which sometimes arises in ascertaining the distinctions of sac and the condensed cellular lamella which covers it on the exterior, and the sac and intestine interiorly. Much of this confusion, we apprehend, may be attributed to the want of clear and precise views of the anatomical structure of these parts. The remainder of Sect. 5 is occupied with the detail of interesting cases, which the student of surgery will read with much advantage.

Sect. 6—"Symptoms of strangulation after reduction by taxis." The observations embraced in this section show much confusion. The author himself is evidently wanting in clear conceptions of his subject; we could not perceive in the history of any of his cited cases, or in the remarks thereto appended, any symptoms which he supposes characteristic of the disease in question, that could not with equal propriety be attributed to inflammation of the peritoneum and intestines. And as several cases of recovery are stated, after the occurrence of such "symptoms," it is fair to infer that strangulation did not exist. Indeed such a state of the parts must be irremediable by any of the measures proposed by our author in the cases alluded to. As a compensation, however, we can recommend our readers with great confidence to the observations of Dr. P. on the treatment of such cases as he designates "symptoms of strangulation after reduction by taxis," as well as those arising from what he denominates, in the next section, "Symptoms of strangulation after the operation." This treatment consists chiefly in the administration of small doses of calomel, alone or combined with opium, so as to induce slight ptalism. We have observed these remedies act like a charm. In detailing a case of reduction by taxis, p. 68, he remarks, "The hernia descended into the sac and was easily returned"! We have puzzled in vain over this passage to make any sense of it whatever. As the sac is a necessary constituent of the hernia, we are to conclude that the hernia descended into itself. There are other instances of obscurity in this section, and the cases are detailed with too much prolixity.

Chapters 3rd and 4th treat of mortified intestine from strangulation, and occupy twenty-three pages, including several instructive cases, in which the comparative merits of the different methods of treatment are discussed. We cannot consent to our author's conclusions in several instances. In the treatment of mortified spots on the intestine, he rejects the plan successfully pursued by Sir Astly Cooper and several other

eminent surgeons, of applying ligatures so as to embrace the dead portion, simply because it is at variance with his "present opinions."

At page 90 he relates a case of strangulated hernia with symptoms of mortification, in which he was consulted, and which appeared to him so desperate, that the patient was voluntarily consigned to the care of a black cow-doctor, who cured the patient by *warm fomentations* of stramonium leaves and copious injections of infusion of senna leaves, repeated every fifteen minutes. Now it does appear to us, that warm fomentations and copious injections are precisely those remedies which should always be tried in the first instance in strangulated hernia; which subsequently to bleeding we have seen successfully tried in numerous instances.

Chapter 5th—"Artificial Anus." In the third paragraph of this chapter, there occurs rather an ambiguous expression—"the approach of an artificial anus." Artificial anus is a result, a symptom, an accident of disease, rather than a disease in itself. "The artificial anus may be divided into two species; the mildest and most manageable form is generally slow and insidious in its approach." We think that this form of artificial anus is erroneously placed among the results of strangulated hernia; at least, in the cases detailed, no symptoms of strangulated bowel existed.

No less than fifty pages are devoted to the consideration of Entero-epiplocele, included in Chapter 8th. Our author dwells with seeming interest on what he is pleased to term "expatriated omentum." Against Sir Astley Cooper's plan of excision in cases of epiplocele, when the mass is bulky, or the omentum diseased, and in which the hemorrhage when it occurs is to be suppressed by ligature, the cut surfaces of the omentum being left at the mouth of the abdominal opening, Dr. P. objects, but offers no other arguments than such as are founded on mere possibilities, never having tried the same plan. In cases of mortified omentum, Dr. P. prefers the treatment recommended by Hey—leaving the parts to nature, with the simple precaution of applying a ligature loosely round the root of the diseased mass. In case 23, we have the description of a case of entero-epiplocele, in which the omentum was inflamed, and which after the reduction of the stricture was returned into the abdomen, and which appeared to occasion death from its irritation. If Cooper's plan had been tried in this instance, and the omentum, after incision, had retracted into the abdomen, death would doubtless have been attributed to the irritation of ligatures, and thus "a principle in pathological surgery" would have been supposed to be established.

Chapter 7th—On concealed hernia, offers some curious and rare cases of hernia, in which the strictured portion was flaccid, and in which, during life, the principal character of hernia, tumor, was absent.

Chapters 8th, 9th, 10th—On "Umbilical hernia, strangulation within the abdomen, and anomalous cases," are chiefly interesting on account of the cases, no new or important principles being under discussion.

We come now to Part 2d of these "Observations," and the interest of the subject by no means diminishes; but finding that our remarks

have already extended, what we originally intended as a concise analysis of this work, to a degree beyond what is convenient for a weekly journal, we shall not be able to take up the remaining chapters seriatim.

Passing over, perhaps too hastily, some interesting cases of over-distended bladder, in which the patients nevertheless possessed the power of voluntary expulsion, we are arrested at page 222 by a very rare and curious case of retention in a female infant only ten days old—in which a very small elastic catheter was introduced by Dr. P., and eighteen and a half ounces of urine drawn off; the operation was repeated, but the child died in a few days with aphthæ. The history of the case is somewhat obscure, as the cause of retention is not mentioned. “At birth the child was fine and plump, and continued healthy for several days. It [she] passed urine freely. On the night of the 20th, it [she] was very uneasy; the next day it [she] cried very much, and appeared to be in great pain, which came on in paroxysms; passed no urine. The parents remarked that the infant had evidently shrunk, and was now smaller than at birth. It [she] continued in this state until the morning of the 25th, the child getting worse, and being at times in great agony. The stools were as green as the expressed juice of rue.” We must dismiss this case, merely remarking that the sex of an animal is never determined by its age.

At page 244, the attention of the reader will be arrested by a very facetious caption, to say the least of it—“Incontinence, with retention of urine.” But the author only alludes to those ordinary cases of distention of the bladder from paralysis, attended with involuntary discharges. In such cases, when the bladder is paralyzed, the urine is expelled by mechanical pressure of the surrounding parts—when retention, on the other hand, depends on mechanical obstruction, this may be overcome by the voluntary action on the distended bladder of the abdominal muscles and diaphragm.

Case 15—“Retention of urine from contusion of the perineum—tapping the bladder,”—is an instructive one, though we think mismanaged. Its history furnishes us with a glaring example of that disposition, so characteristic of our author, to draw general and sweeping conclusions, and aim at establishing “principles in pathological surgery” upon very inadequate data—a single case of disease is not unfrequently sufficient for this purpose; in opposition to the almost universally received axiom, that “One swallow does not make a summer.” This “mauvaise habitude” constitutes no inconsiderable blemish of the work before us, and is again strikingly illustrated in case 24th, p. 298—where, from a single case of rupture of urethra after the application of lunar caustic, he reprobates the practice in all similar cases. The candor which marks the reflections on this unfortunate case cannot be too highly commended, and is worthy of imitation. “I have considered it a duty to state the case honestly, as an instance of injudicious practice. It is the part of humanity to err. I have long thought that if medical men were careful to relate to the profession at large their *failures* in practice, with the reflections and conclusions derived from them, it would greatly promote the common good. It would aid to form a medical chart in a dangerous

navigation, upon which would be discovered rocks and shoals which would prove of vast importance to subsequent navigators." We agree with Dr. P. that more valuable information would accrue to the profession by a work scrupulously devoted to a detail of the errors of judgment and unsuccessful cases of practitioners, than from all the costly tomes with which the medical public are annually inundated. A correct estimate of the value of remedial measures is only to be certainly obtained by an equal attention to the knowledge both of successful and unsuccessful events. The more frequent candid detail of the latter is an imperious duty, too frequently neglected by the profession generally, and by book-writers "par excellence."

But to return to Case 15. Dr. P. made two unsuccessful attempts to tap the bladder by the rectum; yet from the details of the case, we perceive no reason why the operation should not have been successful, nor do the subsequent observations of the operator, aided by an autopsical examination, enlighten us upon the subject. We are thus forced to the conclusion, that the failure is in part to be attributed to a want of self-confidence in the operator, which prevented the trochar from reaching the bladder.

Dr. P. now conceived that no resource was left except that of operating above the pubis, which operation was accordingly performed in the ordinary manner, with the exception of the use of a double canula, one fitting within the other, when the stilet is withdrawn, and extending beyond the extremity of the first into the bladder. "The advantages of this canula consisted in its projecting some distance beyond the other, and presenting to the internal coat of the bladder a smooth rounded surface instead of an abrupt edge." This modification possesses no advantage over the common catheter, which indeed we are told was subsequently substituted for the silver canula. "I have never seen the bladder tapped but once, and then I was the operator," says Dr. P., and yet, continues he, "it has settled me, however, in the conclusion, that until more enlarged opportunities for judging on this subject shall be afforded, I shall never again attempt to tap the bladder from the rectum." In preferring the high operation for tapping the bladder, Dr. P.'s opinion conflicts with that of the Professor of Surgery in the University of Pennsylvania, and, we may add, with that of the majority of the best modern surgical writers. That it requires more refined anatomical knowledge, and dexterity in the use of instruments, to perform the operation above than below the pubis, or per vias naturales, as the latter mode might be appropriately termed, will be granted; but the object once successfully obtained, the superior advantages are palpable. The inconvenience, at most, to which the patient is subjected by the operation per anum, is to be reduced to the condition, in regard to certain evacuations, of a bird, or any other animal which nature has furnished with a cloac. In order to succeed in the former operation, it is only necessary for a skilful hand to ascertain the position of the superior border of the prostate gland with the finger, and to push the instrument obliquely, centrally, superiorly, and anteriorly until urine flows. He will thus avoid wounding the peritoneum, where this membrane is reflected from the bladder to the rectum,

and also clear the ureters which converge on either side to enter the prostate, leaving a triangular space sufficiently capacious for forming safely a recto-vesical communication.

The chapter on the treatment of Enlarged Prostate will be read with advantage by the young practitioner. Our author appears to have considered attentively this painful and troublesome disorder. His observations on the use of the catheter will bear the same remark, and, with few exceptions, his observations are sufficiently lucid and unexceptionable. He has, however, permitted an important error to escape him, when alluding to the opposition which the third lobe of the prostate offers to the introduction of the catheter. "By withdrawing the stilet he may sometimes succeed in causing the point of a flexible catheter to advance towards the symphysis pubis, and thus slip *under* the third lobe into the bladder"—meaning to have said *over* the third lobe. The error is of importance when read by a student, who would thus be led astray as to the relative position of the third lobe. Dr. P., in this chapter, shows ignorance of the French surgical writers, who, nevertheless, have done more to improve the art than any other single nation.

On the subject of Retention of Urine, at p. 269, our author remarks—"Rheumatic or gouty affections may either *suddenly* or gradually cause pressure on the spinal marrow, and produce paraplegia and paralysis of the urinary bladder." We have never before heard of a case of pressure on the spinal marrow *suddenly* induced by rheumatism or gout, nor does Dr. P. enlighten us on this point; as illustrative cases, those cited are equally unsatisfactory, and in the absence of all pathological or post-mortem examinations, it is impossible in such cases to refer to any other than to conjectural causes.

Several instances of careless phraseology occur at p. 271. For example: "Paralysis of the bladder, produced by pressure on the spinal marrow, may be followed by *ulceration* and *lesion* of the organ." There must always be *lesion* of an organ previous to *ulceration*. Again—"The abstraction of nervous influence from the bladder has a tendency to weaken its vital energies." We presume something more than a mere *tendency*.

The observations of our author on the use of the catheter, together with the illustrative cases, we repeat, every young practitioner would do well to study; for although there may be nothing in his preliminary remarks not before told, his cases are very instructive. Among the general measures for the relief of stricture attended with distended bladder, our author has unaccountably omitted opiate injections and fomentations. But there is a simplicity and credulity observable in a notice at p. 282, of a pretended discovery of Professor Gibson's, truly amusing. "It is, I presume, on the principle of restoring the harmonious action of contiguous parts, that Dr. Gibson has suggested, in cases of retention of urine, the practice of pouring water from a considerable height into a vessel beneath, in the presence of the patient; a practice which he has tried with benefit, especially in infants. He was led to adopt this course from the custom of experienced ostlers, who place fresh straw under a horse, and cause a rustling noise, which it is well understood invites the animal

to a discharge of urine." Now, we venture to suggest that not an old woman could be found, of the least experience in nursing, who is not familiar with this simple expedient; in fact, there is no one who has not more or less frequently noticed similar effects in his own sympathies. If he doubt it, let him go to France, and visit Versailles on one of the gala days, when all those various water-works—fountains, streams, jets d'eau, &c.—are suddenly and simultaneously allowed to pour forth their waters. It must be a bold sphincter that can hold in on these occasions. Such puerile pretensions to discovery must calculate largely on the ignorance or indulgence of the reading community, and forcibly reminds us of a passage in the biography of the African Ostrich, which we have somewhere met with. A bird that knows how to cull subsistence from a trackless desert, one would suppose must be gifted with some intellect in other respects, which only serves to make his folly more conspicuous in the case in point. We are told by travellers, that it is the unvarying custom of this biped, when hard pressed by the hunter, mounted on the fleetest steed, to look out for some hole, crevice, or corner in the rocks or sand-hills, sufficiently large to receive his head, when having safely deposited his own sconce in darkness, feels satisfied that all the rest of the world are equally blind, and consequently becomes an easy prey to his pursuers.

At p. 300 we are presented with an instance of want of self-confidence by no means commendable in an operator. The author is describing a case of stricture of the urethra combined with distention of the canal behind the stricture, in which all efforts to introduce the catheter had failed. "I made a bold incision into the tumor, and gave free vent to the accumulated urine, to his great relief. I now attempted to complete the operation, by dividing the stricture by incision, and passing a catheter through the penis into the bladder: but such was the extreme restlessness and resistance of the patient, that it appeared almost impossible to carry out the operation at this time. My colleague joined me in giving place to our more tender feelings, and we allowed the poor wretch to escape from the table. We felt well assured that he was relieved from present pain and danger, and hoped that at some more propitious period he might receive, perhaps from other hands, the benefits of an operation for radical cure." It is with us a question how far a practising surgeon is authorized, under such circumstances, to transfer a patient half cured to another operator,—certainly not from motives of "more tender feelings," which may be equally the attribute of the more successful.

In treating of cases of urinal infiltration, our author remarks—"I have witnessed a few of these cases, and have found that if effusion extends above the pubis, and about the groins and thighs, the death of the patient may be expected from the violence of the constitutional symptoms." We have treated successfully accidents of this kind, where the effusion extended even to the umbilicus, by numerous and free incisions, through the tumeied parts, within twenty-four hours after the accident. In this case, eight or ten incisions, both above and below the pubis, were necessary. The author himself relates a case of very extensive infiltration, which occurred in an infant seven years of age, in which gangrene

did not ensue—a circumstance which he refers to the different qualities of the urine of an adult and that of a child, to which he might have added the active restorative powers of young persons.

In his chapter on "Tic douleureux" of the bladder, Dr. P. has furnished us with a highly interesting history of a rare and painful affection, and which differs from those cases of extreme sensitiveness of the bladder and urethra, which could not be referred to any obvious cause, as an enlarged state of the prostate, stricture of the urethra, &c., and in which the pain is permanent and paroxysms absent, and which our author is disposed to refer to some organic lesion of the kidneys, depending on a gouty diathesis. According to this account of "tic douleureux," the treatment of these cases has not hitherto resulted in much benefit to the patients. We believe that similar affections have been successfully treated by large doses of *Pulv. carb. ferri.* and *P. stramonium*, combined with the palliative use of opiate injections—blisters to the sacrum, dressed with simple cerate, sprinkled with *P. sulph. morph.* and together with alterative doses of blue pill and rhubarb.

The chapter on Nephrites we consider the most faultless in the whole book, and is replete with the most important practical lessons. The views of our author relative to the distinctions to be drawn between inflammation and painful spasim, though by no means peculiar to himself, will be admitted by all of extensive experience as safe deductions from careful observations, based on sound and philosophical reasoning. It is true that cases occasionally occur in which reaction and irritative fever are more *immediately* the consequence, requiring the earlier resort to general and local depletion; but, as a general rule, the practice recommended by Dr. P. will be found correct.

We are here constrained to take leave of our author for the present, with the hope that in his next publication he will profit by the hints which we have now laid before the public.

We had marked, for insertion, several other passages as instances of heedless composition; but these are omitted, under the conviction that enough has already been said to answer our purpose. In penning these strictures, it has been our sincere desire to do a service to the author by pointing out his errors, always with "candor," and with as much "kindness" as the obligations of truth and the interests of science would allow.

March 15, 1836.

DR. COPLAND ON THE VITALITY OF THE BLOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Since reading the last number of your Journal, I have been so fortunate as to be able to borrow the first Part of Copland's Dictionary of Practical Medicine, published by Lilly, Wait, Colman & Holden, Boston, 1834, and have read, for the first time in my life, the article on the Blood, contained in that valuable work. I have not been able to find in that interesting article the slightest expression nor intimation from

which it can be inferred that the author had embraced, and intended to advance, the hypothesis which constitutes the leading idea of my article on the blood, published in your Journal a few months since. I am not surprised, sir, that one who is very superficially acquainted with the present state of physiological science, and who is not accustomed to the investigation of those nice and intricate questions which perplex and divide the most eminent physiologists, should, on comparing my article on the blood, with that of Dr. Copland, perceive many and striking points of resemblance between them : for there really are many such points. But a candid and discriminating reader will readily perceive that every point in my article, which has a resemblance to Dr. Copland's, is stated, not as a matter of original discovery or hypothesis on my part, but as already admitted by the scientific world ; and such a reader will also perceive that the leading idea contained in my article, and for which alone it was presented to the public, and the attention of medical gentlemen invoked, is neither expressed nor implied in Dr. Copland's article.

Before I communicated my article to you, sir, I had the honor to read it to Prof. Oliver, of Hanover, who as a physiologist is second to no man in this country in medical learning and scientific attainments, and he very promptly asserted the entire originality of my view, and declared that he considered it worthy of serious consideration. But that article was published with no arrogant pretensions to originality. It was respectfully submitted to the attention of the medical profession, for the sole purpose of obtaining their judgment upon it, because, as I stated, I was not confident how much importance ought to be attached to the peculiar notion contained in it.

Yet if every idea contained in my article were to be found in that of Dr. Copland, I conceive that it would not in any measure be discreditable to me, for I assure you that I never read Dr. Copland's article until within the last forty-eight hours ; and one thing more I assure you, and can prove to you, sir; Dr. Copland's article contains whole sections which express precisely the same views as are advanced in my lecture on Epidemic Diseases, which was published before Dr. C.'s Dictionary appeared.

In this day of intellectual excitement and enterprise, men in different parts of the globe will be very likely to be brought to similar conclusions, and without any knowledge of the existence of each other. It is difficult, therefore, to say how far one individual is indebted to another for his opinions, in the general intellectual progress of the world ; and consequently it is—to say the least of it—quite as amiable and courteous not to be too hasty in accusing each other of plagiarism.

I sincerely and fervently wish, Mr. Editor, that I knew how to address myself to your learned readers in such a manner as to draw out from them such candid and judicious criticisms, and discussions, as will serve the cause of truth and philanthropy. Personal abuse and obloquy and ridicule can serve no good end ; and no one, of correct principles and refinement, can reflect on them, as manifestations of the qualities of the human heart, without painful regret.

Yours respectfully,
Boston, April 8, 1836.

S. GRAHAM.

THE NEW MODE OF TREATING CROUP.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the number of the Medical Journal for March 16, I saw the remarks of Dr. Fisher on the New Remedy in Croup. As that disease has been very prevalent in this village during the months of January and February, and as I have made use of the new remedy in six or seven well marked cases of croup, with the most happy success, it may tend to corroborate his.

After seeing in the Exeter (N. H.) News Letter, the article published about three months since, and accredited to a German journal, I was induced to try it. My method is to take two pieces of flannel of sufficient size, alternately wrung out of hot water, and apply to the throat and upper part of the breast, and repeat every fifteen minutes, until the difficult respiration abates. If this should return, they are to be continued. I have found the inhalation of warm vapor, in addition, greatly tend to assist perspiration, and in no instance have I had to make use of moisture to the body. The internal remedies are those in common to be made use of as circumstances in the case require.

It has been the opinion of medical writers on this disease (for instance, Dr. Dewees), that unless the patient is seen before the lapse of ten or twelve hours from its onset, the case is one almost hopeless, and I have heretofore found his words too true in many cases. But since I have made use of the hot cloths, my faith is such as to consider the croup a disease as easily controlled, after many hours standing, as it is rapid in its approach and progress. Yours most respectfully,

I. B. GALE.
Salisbury Mills, Ms. March 30th, 1836.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 13, 1836.

PULMONARY CONSUMPTION.

THIS is the season when the foundation is often laid for consumption in this section of the United States. Although thousands are annually swept from existence by this disease, the public never seems to be alarmed at the fearful mortality, though the fairest, most promising and intelligent portion of society, in the dayspring of youth, are dropping into the tomb, one after another, in rapid succession.

That imprudence in dress is one of the predisposing causes, is beyond all doubt; yet with a multitude of evidence, all of which is irresistible, that in a majority of instances the consumptive induces the disease which must necessarily be fatal, inasmuch as it destroys the organization of the lungs, little or no attention is given to the fact, and, year after year, therefore, victims are multiplied. Physicians have certainly discharged their duty: they have warned, entreated, both by lectures and popular essays, but to no purpose. Regardless of all counsel, *phthisis* has become the most familiar term in northern bills of mortality. Great com-

plaints are made against the climate, and travellers from milder regions are shocked with the destruction that is made of human life by what they consider atmospheric changes of temperature, so sudden and so severe as to destroy the function of the bronchial apparatus. Now it may be true that in some individuals, consumption may have had its origin from this cause ; and others, the number of whom, however, is comparatively small, have an hereditary tendency to that condition in which the lungs are drawn into disease ; but two-thirds of all who die of pulmonary affections, it is presumed, have directly generated the malady by trusting to the physical energies of the system. The idea is absurd, to youth, that simply wetting the feet, wearing thin shoes, dressing in thin clothing, in damp, cold weather, &c. can have an influence upon the functions of concealed organs of the body. Knowing little of the sympathies existing between the skin and the vital machinery within, it is not strange, perhaps, that little attention is paid to the admonitions of those qualified to advise. No spot on earth is probably more favorable to long life and health than New England ; but the predominance of transatlantic fashions which were by no means designed for this meridian, are followed with such avidity, that still greater mortality, by consumption, may be apprehended, as these fashions increase. When our forefathers were more simple in their habits, and less acquainted with the potent enginery of the customs to which we have become the fawning slaves, the young grew to manhood—and were hardy ; but their descendants have deteriorated—not by reason of a change of climate, on which the burden is cast, but through total neglect of themselves.

We designed these remarks for popular reading—hoping that they might fall into hands where no prompter has been. To be well, guard against the inclemency of a northern winter by warm clothing, and thick boots and shoes—and continue these till the mild air of summer has succeeded the frosts of winter, and the vicissitudes of spring.

Gangrene of the Lungs in the Insane.—M. Guislain has published, in the *Gazette Médicale de Paris*, some interesting observations on this disease, which he has found prevalent among the insane patients at the hospital of Gaud. He considers it produced by abstinence from food, which is often obstinately persevered in by patients afflicted by melancholy, and which first deteriorates the blood, and finally alters the pulmonary tissue. He has made 13 autopsies of such patients, in nine of whom he found the lungs gangrenous ; in three, the tissue of the lungs was darker than usual, and in one was a simple congestion at the posterior part. The gangrenous patients never seemed to suffer any pain in the chest, did not cough, the respiration was not difficult, nor was there any appearance of fever. The skin was cooler, and the pulse slower than natural. In all such cases of abstinence, the author observed a brick-red color of the cheeks, passing by degrees to brown or purple, which was always the more striking the longer abstinence had been continued, and which was probably caused by a change in the composition of the blood, produced by such abstinence. The stomach, in these cases, was always healthy, and during life there was no fever, no heat of skin, no acceleration of pulse. In abstinence of a healthy individual, the force sinks rapidly ; in the insane, on the contrary, the force is sustained nearly to the last day. He continues to live in a state of extreme emaciation, though not much debilitated, for months, or even years, swallowing from time to time a

mouthful of broth, while another person, with like privations, would die in eight or ten days. Insane patients with this disgust of food, also support the sensation of heat and cold with an astonishing indifference, and all the other senses are in a similar stupor. If the resistance of food can be overcome, a cure may be effected, even when the pulmonary lesion is very grave.

Hydriodate of Potash in Syphilis.—Dr. Wallace, of the Jervis-Street Hospital, Dublin, has had great success with the hydriodate of potash in secondary syphilis. He has treated 124 such cases in this manner, and he considers this treatment the greatest improvement which has taken place in medical surgery in modern times. He has promised to give a series of clinical lectures on syphilis thus treated.

Mass. General Hospital.—The following gentlemen have been elected officers for the ensuing year:—

Drs. James Jackson, Walter Channing, and John Ware, Physicians.

Drs. John C. Warren and George Hayward, Surgeons.

Dr. James B. S. Jackson, Assistant Physician.

Drs. Jacob Bigelow, John Randall, George C. Shattuck and Abraham R. Thompson, Consulting Physicians.

Drs. George B. Doane, Winslow Lewis, Jr. Solomon D. Townsend and William J. Walker, Consulting Surgeons.

Dr. Gamaliel Bradford, Superintendent.

Dr. Thomas G. Lee, Physician and Superintendent; and Mr. Columbus Tyler, Steward, of the McLean Asylum for the Insane.

The Board of Visitors consists of the Governor and Council, the President of the Senate, Speaker of the House, and Chaplains of both Houses for the time being.

Louis on Phthisis.—We understand that the printing of Cowan's Translation of Louis on Phthisis has been commenced, and will be executed in a uniform style with the translation of *Louis on Fever*, which we noticed a few weeks since.

Cure of Ulcers.—Dr. Cramer recommends for the treatment of ulcers, that a piece of lint, imbued with the discharge, should be dipped in an impalpable powder of the nitrate of silver, and then re-applied to the sore. This he repeats every day, or every other day, and by his enforcing a quiet state of the member, he mentions his having succeeded in healing the most obstinate ulcers in a period of six or eight weeks. He has likewise employed the same powder with advantage to the granular conjunctiva.—*Heidelberg. Klinische Annal.*—*Lancet.*

Gonorrhœal Rheumatism.—Rheumatism is very much predisposed to by gonorrhœa. This sort of rheumatism always affects the feet. It may affect the knees and hips also. It is also a very obstinate form. With this rheumatism there are generally attacks of superficial inflammation of one or both eyes. It is not iritis, and it is not purulent, but it is attended by copious watery secretion. Some persons never have gonorrhœa without this secretion.—Dr. Elliotson.

A Question. MR. EDITOR,—Why cannot the Medical and Surgical Journal follow up “Charlatanism Extraordinary” with an exposition of the effrontery of *Mrs. Mott’s* successors, who do full as much or more injury than Dr. W., being two ignorant girls, who two years ago, knew not the uterus from the rectum, and now, forsooth, advise in *delicate cases*! One of them was a patient to the original quack, *Mrs. Mott*; the other at that time kept a primary school! Rub them up, and do the State a service.

X.

Boston, April 9, 1836.

Physicians in Spain.—In the present day the fee of a physician is two-pence from the tradesman, tuppence from the man of fashion, and nothing from the poor. Some noble families agree with the physician by the year, paying him annually fourscore reals—that is 16s. for his attendance on them and their families.

To Correspondents.—Several communications which have been omitted this week to make room for the extended review of Parrish’s Observations, will appear in our next Number.

DIED—At Philadelphia, Dr. Bernard Mesthe, of France, aged 64.

Write number of deaths in Boston for the week ending April 9, 23. Males, 17—Females, 6.
Of typhus fever, 2—accidental, 1—old age, 2—infantile, 2—lung fever, 4—rheumatic fever, 1—consumption, 3—smallpox, 2—diabetes, 1—diseased uterus, 1—intemperance, 1—child-bed, 1—asthma, 1—brain fever, 1—dropsy, 1.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry by Dr. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica “ Dr. WARE.
On the Principles and Practice of Surgery “ Dr. OTIS.
On Anatomy “ Dr. LEWIS.

The students are provided with a room in Dr. Lewis’s house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

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Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Jan 29—lyep

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

A GOOD STAND FOR A PHYSICIAN AND SURGEON.

A PHYSICIAN in the eastern part of Massachusetts (wishing to remove from the State), would dispose of his place on the most reasonable terms. A very eligible location for a young gentleman. For particulars, inquire of the editor of this Journal; if by mail, post-paid.

epf.

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